PART B - FEE(S) TRANSMITTAL

JUN 0 4 200	7 (1)		P.C Ald or <u>Fax</u> (57	mmissioner for D. Box 1450 exandria, Virgin 1)-273-2885	ia 22313-1450	-
INSTRUCTIONS: This appropriate. All further indicated driving correct maintenance fee half-free	form should be used to be some spondence including the below or directed others.	for transmitting the ISSU ng the Patent, advance of the patent, advance of the transition of the Issue of the	JE FEE and PUBLICAT rders and notification of r a) specifying a new corres	ION FEE (if require naintenance fees wil spondence address; a	d). Blocks I through 5: I be mailed to the curren nd/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
		ock 1 for any change of address)	Not Fee pap	e: A certificate of m (s) Transmittal. This ers. Each additional i	ailing can only be used f	for domestic mailings of the for any other accompanying ent or formal drawing, must
1875 CENTUR' SUITE 1360	OHANSEN, AND Y PARK EAST) ADELI LLP	Ctot	reby certify that this	h culticient pactage for fu	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
LOS ANGELES	s, CA 90067			Ali mhi 51:	Makani 21. 2 29 (07	(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.
10/791,308 03/02/2004 Eric Graves 06/95/2007 WASFAW2 00000029 10791308						
TITLE OF INVENTION	: ADJUSTMENT OF C	OLOR VALUES FOR OF	TIMIZED IMAGE PROC	01 FC:1: 02 FC:1:	501	1400.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/29/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
CUNNINGHAM, GREGORY F 2624		2624	345-603000			1
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Apple Inc. CUPERTINO, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
	are submitted: lo small entity discount p	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3804 (enclose an extra copy of this form):			
	s SMALL ENTITY state	is. See 37 CFR 1.27.	b. Applicant is no lon	ger claiming SMALL	, ENTITY status. See 37 C	 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Frademark Office.						
Authorized Signature		zh ()		Date	129/07	<u> </u>
Typed or printed nam	e Ali Mak	oui		Registration No.	45,536	
This collection of inform in application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 d application form to the cons for reducing this but (irginia 22313-1450. DC 13-1450.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	retain a benefit by the timated to take 12 mi ridual case. Any combr, U.S. Patent and Tr D THIS ADDRESS.	public which is to file (an nutes to complete, includi ments on the amount of ti ademark Office, U.S. Dep SEND TO: Commissioner	nd by the USPTO to process) ang gathering, preparing, and ame you require to complete artiment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.